PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

15-603310

		CLAIM			-			· · ·				
	Torn o			lumn 1)	(Column 2)		SMA	LL ENTI	TY .	· .	THER TO	HAN
:	TOTAL CLAIMS			·			TYP			OR S	MALL EN	HITY
	FOR						. RA	TE F	EE .	,		FEE
I	TOTAL CHARGEABLE CLAIMS			IBER FILEO	NUMBER EXTRA		BASI	CFEE 15	0.00	OR BAS		00.00
			vis	.ainus 20=	s. — <u> </u>		XS	25	-	-		~~~
	INDEPENDENT CLAIMS		1-	minus 3 =	•			-+7		OR XS	50=	
-	MULTIPLE DE	PENDENT CLAI	M PRESENT	RESENT		\dashv	. X10	0=		OR X2	20=	
1	• If the differen	nce in column	l is less tha	than zero, enter *0" in column 2			+18	0=	1	OR +36	i0= .	5
1		CLAIMS A	System	MENICO DACT			. TOT.	AL	\neg	TOT AC	AL -	<u>.</u>
1.	CLAIMS A'S AMENDED - PART II						• •			· on	IER THA	
	CLAIMS HIGHEST						SMA	LL ENTIT	Υο	OR SMA	LL ENTI	TY
	= 11/30 0°	I AFTER		PREVIOU	R PRESENT		0.7	ADD		1	AD	
	Total	AMENDMEN	π	PAID FC		<u>.</u>	RATT	TIÓN		PAT	E TIO	NAL:
I	Total Independent	18	Minus :	1"00	ý	-	X\$ 25				FE	E _
3	Giper pos	1 P	Minus	. 4	: = -	7			<u>ا</u> ت	R X\$50) <u>a</u>	
1	THISTERES	SENTATION OF	MULTIPLE	EPENDENT C	LAIM []	7	X100		0	R X200	= .	.
l	•	. •			·		+180=	1	OF	+360		\neg
1/2	.21.06		•	• • • •			TOTA	<u>. </u>	-			—].
۲	1000	(Column 1)		(Column	2) (Column 3)·	ADDIT, FE	E [1 _{OF}	ADDIT, F	£	1
	1 7	REMAINING		HIGHEST		7	ŗ .	ADDI-	7			_]
É		AFTER AMENDMENT	· .	PREVIOUS PAID FOR	LY EXTRA		RATE	TIONAL		RATE	TION	
亨	Total	1. 18	Minus	- 20		1.,		FEE	-		FEE	
AMENDMENT	Independent	. 4	Minuis	- II		1 1	X\$ 25=	<u>-</u>	OR	X\$50≐	1 .	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CL	AIM []	$ \cdot $	X100=		OR	X200=	1	7
						1	+180=	.:-	Un			-
• • • • • • • • • • • • • • • • • • • •			•	. •		٠. ا			OR	+360=		
	•	(Column 1)	-		•		TOTAL PEE TIOO		OR	TOTAL ADDIT, FEE		7
		CLAIMS		(Column 2 HIGHEST	(Column 3)		•				. \	7
MENT		REMAINING AFTER		NUMBÉR	PRESENT			ADDI-	1		ADDI-	-
ME		AMENDMENT .		PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL		RATE.	TIONA	
AMENDA		•	Minus	*4			Va as	FEE			FEE	-
ş.	Independent	4.	Minus	444		Ŀ	X\$ 25=		OR	X\$50=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X100=		OR	X200=		7
							1180-		• •			-
					•	L	+180=		OR	+360=-	· :	1
											•	1.
	• •	•						•			•	1
_			• •							٠.		1